

TRAFFIC COLLISION REPORT

CHP 555 Page 1 (Rev.7-03) OPI 061

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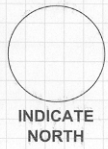
SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN FELONY	CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER				
		NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY		REPORTING DISTRICT		BEAT				
LOCATION	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.	
	MILEPOST INFORMATION					DAY OF WEEK		TOW AWAY		PHOTOGRAPHS BY: <input type="checkbox"/> NONE		
	FEET/MILES OF					S M T W T F S		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	AT INTERSECTION WITH							STATE HWY REL				
		OR: FEET/MILES OF							<input type="checkbox"/> YES <input type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)							OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS							OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP							DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:					
		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA		
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT			
								CAL-T	TCP/PSC	MC/MX		
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)							OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS							OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP							DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:					
		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA		
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT			
								CAL-T	TCP/PSC	MC/MX		
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR		LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)							OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER		
PEDESTRIAN	STREET ADDRESS							OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP							DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS:		<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:					
		INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA		
		DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA	DOT			
								CAL-T	TCP/PSC	MC/MX		
PREPARER'S NAME			DISPATCH NOTIFIED			REVIEWER'S NAME			DATE REVIEWED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									

OSP 03 79147

DATE OF COLLISION (MO. DAY YEAR)				TIME (2400)		NCIC #		OFFICER I.D.					NUMBER								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D. O. B. / ADDRESS													TELEPHONE								
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D. O. B. / ADDRESS													TELEPHONE								
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D. O. B. / ADDRESS													TELEPHONE								
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D. O. B. / ADDRESS													TELEPHONE								
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D. O. B. / ADDRESS													TELEPHONE								
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
PREPARER'S NAME													I.D. NUMBER		MO. DAY YEAR		REVIEWER'S NAME			MO. DAY YEAR	

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
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